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|------------------------------|--|------------------------|-------------------------|
| FEE TRANSMITTAL              |  | Complete if Known      |                         |
|                              |  | Applicati n Numb r     | Unassigned              |
|                              |  | Filing Dat             | Herewith                |
|                              |  | First Named Inventor   | Brian J. Taylor         |
|                              |  | Group Art Unit         | Unassigned              |
|                              |  | Examiner Name          | Unassigned              |
| TOTAL AMOUNT OF PAYMENT (\$) |  | Attorney Docket Number | 04AB026/YOD (ALBR:0142) |
|                              |  |                        |                         |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br/>         Deposit Account Number <b>01-0857/04AB026/YOD (ALBR:0142)</b><br/>         Deposit Account Name <b>Rockwell Automation Technologies, LLC</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION (fees effective 10/01/96)</b></p> <p><b>1. FILING FEE</b></p> <table style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td><u>770.00</u></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td>—</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td>—</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td>—</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td>—</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$ 770.00)</b></td> </tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee from below</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <u>51</u> - 20 =</td> <td>31</td> <td>X 18</td> <td>=</td> <td><u>558.00</u></td> </tr> <tr> <td>Independent <u>7</u> - 3 =</td> <td>4</td> <td>X 84</td> <td>=</td> <td><u>336.00</u></td> </tr> <tr> <td>Claims</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>—</td> <td>X —</td> <td>=</td> <td>—</td> </tr> </tbody> </table> <table style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td>—</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td>—</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim</td> <td>—</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>Reissue independent claims over original patent</td> <td>—</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td>—</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 894.00)</b></td> </tr> </tbody> </table> | Large Entity    |                | Small Entity    |  | Fee Description    | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 740 | 201 | 370 | Utility filing fee | <u>770.00</u> | 106 | 330 | 206 | 165 | Design filing fee | — | 107 | 510 | 207 | 255 | Plant filing fee | — | 108 | 740 | 208 | 370 | Reissue filing fee | — | 114 | 160 | 214 | 80 | Provisional filing fee | — | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$ 770.00)</b> |  | Extra | Fee from below |  | Fee Paid | Total Claims <u>51</u> - 20 = | 31 | X 18 | = | <u>558.00</u> | Independent <u>7</u> - 3 = | 4 | X 84 | = | <u>336.00</u> | Claims |  |  |  |  | Multiple Dependent Claims | — | X — | = | — | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 | — | 102 | 84 | 202 | 42 | Independent claims in excess of 3 | — | 104 | 280 | 204 | 140 | Multiple dependent claim | — | 109 | 84 | 209 | 42 | Reissue independent claims over original patent | — | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | — | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$ 894.00)</b> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>—</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing or cover sheet.</td> <td>—</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>—</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>—</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>—</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>—</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td>—</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for response within second month</td> <td>—</td> </tr> <tr> <td>117</td> <td>950</td> <td>217</td> <td>475</td> <td>Extension for response within third month</td> <td>—</td> </tr> <tr> <td>118</td> <td>1,570</td> <td>218</td> <td>755</td> <td>Extension for response within fourth month</td> <td>—</td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td>—</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td>—</td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td>—</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>—</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive unavoidably abandoned application</td> <td>—</td> </tr> <tr> <td>141</td> <td>1,320</td> <td>241</td> <td>660</td> <td>Petition to revive unintentionally abandoned application</td> <td>—</td> </tr> <tr> <td>142</td> <td>1,320</td> <td>242</td> <td>660</td> <td>Utility issue fee (or reissue)</td> <td>—</td> </tr> <tr> <td>143</td> <td>450</td> <td>243</td> <td>225</td> <td>Design issue fee</td> <td>—</td> </tr> <tr> <td>144</td> <td>670</td> <td>244</td> <td>335</td> <td>Plant issue fee</td> <td>—</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>—</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>—</td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td>—</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td><u>0.00</u></td> </tr> <tr> <td>146</td> <td>790</td> <td>246</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td>—</td> </tr> <tr> <td>149</td> <td>790</td> <td>249</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td>—</td> </tr> <tr> <td colspan="5">Other fee (specify) —</td> <td>—</td> </tr> <tr> <td colspan="5">Other fee (specify) —</td> <td>—</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$ 0.00)</b></td> </tr> </tbody> </table> <p>* Reduced by Basic Filing Fee Paid</p> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | — | 127 | 50 | 227 | 25 | Surcharge - late provisional filing or cover sheet. | — | 139 | 130 | 139 | 130 | Non-English specification | — | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | — | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | — | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | — | 115 | 110 | 215 | 55 | Extension for response within first month | — | 116 | 400 | 216 | 200 | Extension for response within second month | — | 117 | 950 | 217 | 475 | Extension for response within third month | — | 118 | 1,570 | 218 | 755 | Extension for response within fourth month | — | 119 | 310 | 219 | 155 | Notice of Appeal | — | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | — | 121 | 270 | 221 | 135 | Request for oral hearing | — | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | — | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | — | 141 | 1,320 | 241 | 660 | Petition to revive unintentionally abandoned application | — | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | — | 143 | 450 | 243 | 225 | Design issue fee | — | 144 | 670 | 244 | 335 | Plant issue fee | — | 122 | 130 | 122 | 130 | Petitions to the Commissioner | — | 123 | 50 | 123 | 50 | Petitions related to provisional applications | — | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | — | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <u>0.00</u> | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | — | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | — | Other fee (specify) — |  |  |  |  | — | Other fee (specify) — |  |  |  |  | — | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$ 0.00)</b> |
|---|-----------------|----------------|-----------------|--|--------------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|---------------|-----|-----|-----|-----|-------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--------------------|---|-----|-----|-----|----|------------------------|---|---------------------|--|--|--|--|--------------------|--|-------|----------------|--|----------|-------------------------------|----|------|---|---------------|----------------------------|---|------|---|---------------|--------|--|--|--|--|---------------------------|---|-----|---|---|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|---|-----|----|-----|----|-----------------------------------|---|-----|-----|-----|-----|--------------------------|---|-----|----|-----|----|---|---|-----|----|-----|---|---|---|---------------------|--|--|--|--|--------------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---------------------------|---|-----|-------|-----|-------|--|---|-----|------|-----|------|--|---|-----|--------|-----|--------|---|---|-----|-----|-----|----|---|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|---|---|-----|-------|-----|-----|--|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--------------------------|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|--|---|-----|-------|-----|-----|--|---|-----|-------|-----|-----|--------------------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|-----------------|---|-----|-----|-----|-----|-------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---|---|-----|----|-----|----|--|-------------|-----|-----|-----|-----|---|---|-----|-----|-----|-----|--|---|-----------------------|--|--|--|--|---|-----------------------|--|--|--|--|---|---------------------|--|--|--|--|------------------|
| Large Entity  |                 | Small Entity   |                 | Fee Description  |                    |          | Fee Paid |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Fee Code  | Fee (\$)        | Fee Code       | Fee (\$)        |  |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 101   | 740             | 201            | 370             | Utility filing fee   | <u>770.00</u>      |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 106   | 330             | 206            | 165             | Design filing fee  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 107   | 510             | 207            | 255             | Plant filing fee   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 108   | 740             | 208            | 370             | Reissue filing fee   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 114   | 160             | 214            | 80              | Provisional filing fee   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| <b>SUBTOTAL (1)</b>   |                 |                |                 |  | <b>(\$ 770.00)</b> |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
|   | Extra           | Fee from below |                 | Fee Paid   |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Total Claims <u>51</u> - 20 =   | 31              | X 18           | =               | <u>558.00</u>  |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Independent <u>7</u> - 3 =  | 4               | X 84           | =               | <u>336.00</u>  |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Claims  |                 |                |                 |  |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Multiple Dependent Claims   | —               | X —            | =               | —  |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Large Entity  |                 | Small Entity   |                 | Fee Description  | Fee Paid           |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Fee Code  | Fee (\$)        | Fee Code       | Fee (\$)        |  |                    |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 103   | 18              | 203            | 9               | Claims in excess of 20   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 102   | 84              | 202            | 42              | Independent claims in excess of 3  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 104   | 280             | 204            | 140             | Multiple dependent claim   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 109   | 84              | 209            | 42              | Reissue independent claims over original patent                            | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 110   | 18              | 210            | 9               | Reissue claims in excess of 20 and over original patent                    | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| <b>SUBTOTAL (2)</b>   |                 |                |                 |  | <b>(\$ 894.00)</b> |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid           |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 105   | 130             | 205            | 65              | Surcharge - late filing fee or oath  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 127   | 50              | 227            | 25              | Surcharge - late provisional filing or cover sheet.                        | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 139   | 130             | 139            | 130             | Non-English specification  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 147   | 2,520           | 147            | 2,520           | For filing a request for reexamination                                     | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 112   | 920*            | 112            | 920*            | Requesting publication of SIR prior to Examiner action                     | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 113   | 1,840*          | 113            | 1,840*          | Requesting publication of SIR after Examiner action                        | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 115   | 110             | 215            | 55              | Extension for response within first month                                  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 116   | 400             | 216            | 200             | Extension for response within second month                                 | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 117   | 950             | 217            | 475             | Extension for response within third month                                  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 118   | 1,570           | 218            | 755             | Extension for response within fourth month                                 | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 119   | 310             | 219            | 155             | Notice of Appeal   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 120   | 310             | 220            | 155             | Filing a brief in support of an appeal                                     | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 121   | 270             | 221            | 135             | Request for oral hearing   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 138   | 1,510           | 138            | 1,510           | Petition to institute a public use proceeding                              | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 140   | 110             | 240            | 55              | Petition to revive unavoidably abandoned application                       | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 141   | 1,320           | 241            | 660             | Petition to revive unintentionally abandoned application                   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 142   | 1,320           | 242            | 660             | Utility issue fee (or reissue)   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 143   | 450             | 243            | 225             | Design issue fee   | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 144   | 670             | 244            | 335             | Plant issue fee  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 122   | 130             | 122            | 130             | Petitions to the Commissioner  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 123   | 50              | 123            | 50              | Petitions related to provisional applications                              | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 126   | 240             | 126            | 240             | Submission of Information Disclosure Stmt                                  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 581   | 40              | 581            | 40              | Recording each patent assignment per property (times number of properties) | <u>0.00</u>        |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 146   | 790             | 246            | 395             | Filing a submission after final rejection (37 CFR 1.129(a))                | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| 149   | 790             | 249            | 395             | For each additional invention to be examined (37 CFR 1.129(b))             | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Other fee (specify) —   |                 |                |                 |  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| Other fee (specify) —   |                 |                |                 |  | —                  |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |
| <b>SUBTOTAL (3)</b>   |                 |                |                 |  | <b>(\$ 0.00)</b>   |          |          |          |          |          |     |     |     |     |                    |               |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                    |  |       |                |  |          |                               |    |      |   |               |                            |   |      |   |               |        |  |  |  |  |                           |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                          |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                    |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |             |     |     |     |     |   |   |     |     |     |     |  |   |                       |  |  |  |  |   |                       |  |  |  |  |   |                     |  |  |  |  |                  |

|                       |                 |                          |                   |                       |                                 |
|-----------------------|-----------------|--------------------------|-------------------|-----------------------|---------------------------------|
| SUBMITTED BY          |                 | Complete (if applicable) |                   |                       |                                 |
| Typed or Printed Name | Tait R. Swanson | Reg. Number              | 48,226            |                       |                                 |
| Signature             |                 | Date                     | November 19, 2003 | Deposit Acct. User ID | 01-0857/04AB026/YOD (ALBR:0142) |